

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 302

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
In this community as above 3 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Kathryn Pickard

3. (b) If veteran, name war no. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Conrad Pickard 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 21 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 8 2827 hr. min.

9. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name Michael Strobel

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Pickard

(b) Address 3824 Forest, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-19-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Garnett, Kansas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-20-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 14  
(c) City or town Garnett  
(If outside city or town limits, write "RURAL")  
(d) Street No. -  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18  
year 1943 hour 10 minute 14 P. M.

21. I hereby certify that I attended the deceased from January 2, 1943, to January 18, 1943; that I last saw him alive on January 17, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Cancer of Stomach

Due to 46 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Harold A. Rallett (M. D. or other) Dr.

Address 1132 Prof. Bldg. K.C. Date signed 1/18/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision;

Signed

*E. M. Plank*

Licensed Embalmer No.

*1848*

P.O. Address

*T. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.